MONTHLY CARE COORDINATION AND UTILIZATION REPORT WEBINAR

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AGENDA

1. *Claims basics specific to reports*
2. *Monthly Utilization Report*
3. *Monthly Care Coordination Report*
4. *Questions*

IN-DEPTH INFORMATION

- *Two separate reports*
- *Monthly Utilization Report*
  - *Quality measures*
- *Monthly Care Coordination Report*
  - *Captures % of enrollees a plan has engaged with*

CLAIMS DATA & THE UTILIZATION REPORT

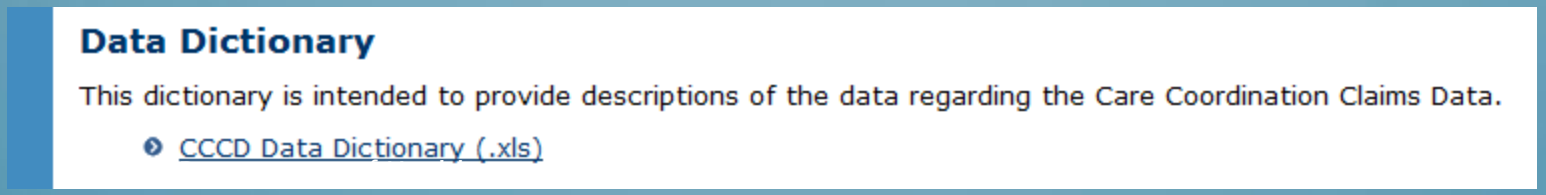
- *Utilization report relies on claims data as the single data source*
  - *Decreases demands on plans*
  - *Increases fidelity of data*
  - *Ensures equitable comparison of plans*
- *More prescriptive than other reports*
- *We will discuss claims data with respect to utilization report's specific requirements*

CLAIMS DATA CONTENTS: BASICS

- *On the plan's enrollees only*
- *Available on 5th working day of the month via FTP from HFS*
  - *Plans without current enrollment have not seen it*
- *Retro look at enrollees; updated each month*
  - *for risk stratification purposes: 2 years of claims data, 7 years immunizations data*
  - *Utilization report is a snapshot of a single month*

CLAIMS DATA CONTENTS: BASICS

- *Relational Database – 12 tables*
  - *Main claims file (1)*
  - *Ancillary files (11)*
- *Data Dictionary is available on CCCD website*
  - *Essential for data analysts; good for everyone*
- *Specific important fields*
  - *Table will be on website*



CLAIMS DATA: IMPORTANT FIELDS

Information Required	Claims Data Field Name(s)	Values	Claims Data Table	Claims Data File Name	Use
Plan's members	RecipientID	RecipientID of plan's members	Every table	Key field - on all claims data tables	Find members' claims
HFS Provider ID Numbers	ProviderID	ProviderID of plan's providers	Main Claims	AIDP.EDWCLAMS.XXXX	Define network
ER Visits	RevenueCd	0450 thru 0459 and 0981	Revenue	AIDP.EDWREVEN.XXXX	Count ER claims
Inpatient Admissions	CatgofServiceCd	020, 021, and 022	Main Claims	AIDP.EDWCLAMS.XXXX	Count admits
Inpatient Days	ServiceFromDt and ServiceToDt	Dates in reported month (YYYY-MM-DD)	Main Claims	AIDP.EDWCLAMS.XXXX	Count inpatient days
Inpatient Admissions	InpatientAdmissions	All (decimal values)	Institutional	AIDP.EDWINSTI.XXXX	Count admits (alternative method)
Inpatient Days	CoveredDays	All (decimal values)	Institutional	AIDP.EDWINSTI.XXXX	Count inpatient days (alternative method)

CLAIMS DATA TIP: LEADING ZEROS

- *Important numerical codes in claims data are data type: character*
  - *ProviderID, RecipientID, RevenueCd*
- *Must import as text to save leading zeros*
- *True for any code marked CHAR in layouts*
  - *Occur throughout claims data*

ACE Utilization Template

ENROLLED		ER Visits					Inpatient Admissions					Inpatient Days					Avg. Length of Stay		
Month	Monthly Enrollment	In Network	Out of Network	Total	Per Thousand	% In Network	In Network	Out of Network	Total	Per Thousand	% In Network	In Network	Out of Network	Total	Per Thousand	% In Network	In Network	Out of Network	Overall
Oct-14	10000	100	50	150	15.00	66.67%	123	127	250	25.00	49.20%	123	500	623	62.3	19.74%	1.00	3.94	2.49
Nov-14	12000	120	130	250	20.83	48.00%	120	130	250	20.83	48.00%	1220	11110	12330	1027.5	9.89%	10.17	85.46	49.32
Dec-14																			
Jan-15																			
Feb-15																			
Mar-15																			
Apr-15																			
May-15																			
Jun-15																			
Jul-15																			
Aug-15																			
Sep-15																			
Oct-15																			
Nov-15																			
Dec-15																			
Jan-16																			
Feb-16																			
Mar-16																			
Apr-16																			
May-16																			
Jun-16																			
Totals		220	180	400			243	257	500			1343	11610	12953					

Auto-calculates

ENROLLEES

- *From the Monthly Payment Enrollment Roster*
- *Enrollment on first day of month*
- *Full refresh*
  - *All new enrollees since last month's list*
  - *Plus all others continuing their enrollment*
  - *Minus members dis-enrolled/ dead after last month's list*

RECIPIENTS

- *For this purpose, Recipient = Member = Enrollee*
- *Definition for claims data usage*
- *Every enrollee has a HFS-specific Recipient ID, AKA a RIN*
- *Enrollment rosters list these for each enrollee*
- *Claims data field:* ***RecipientID***
  - *Key field on every single table in the claims data*
  - *Can use to join one claims table to another*

ENROLLEES/ RECIPIENTS

- *How to find the services members are getting, as per claims data:*
  - *Take list of all RecipientIDs from the Enrollment Roster*
  - *Pull all the claims associated with those IDs*
  - *This is the full claims data file for a given month*
- *Use a full list of all Recipient IDs each month*
- *Some may have no claims in month*

TIME SPAN OF EACH REPORT

- *Reports are with respect to one month*
- *For analysis purposes, entire month used*
- *Enrollment field is per the first of month*
- *All other fields are with respect to **entire month***
- *The reports are lagged three months*
  - *Report due 11/12 covers 8/1-31*
  - *Wait until reporting month, use data from time span being reported*
  - *Use enrollment roster for month being reported*
  - *Reporting due dates*

PROVIDERS: IN AND OUT OF NETWORK

- *Underlies all fields in Utilization Report*
- *How is a network defined?*
  - *All the providers affiliated with plan*
  - *List all their HFS Provider ID numbers, pull all claims associated with those IDs →* ***in network***
  - *All claims associated with any provider IDs OTHER THAN the IDs on your list →* ***out of network***
- *Claims:* ***ProviderID***
  - *In the main claims table*
  - *Don't use NPIs*

ER VISITS

- *Measure: ER visits per 1000 members*
- *Measure only includes care inside ER*
- *Sum ER visits across all members*
  - *Each ER claim (visit/day) = 1*
- *Claims data: Table: Revenue*
  - *RevenueCd 0450-0459 and 0981*
  - *Will reliably identify all ER visits*

INPATIENT ADMISSIONS

- *Measure: Admissions per 1000 members*
- *Sum admissions across all members*
  - *Each admission = 1*
  - *Overlapping months → count first month only*
- *Claims data table: Institutional*
  - *InpatientAdmissions*
  - ***Inpatient-Psychiatric is included***
  - *Other codes can be misleading*
    - *Hospital as location for outpatient services*

INPATIENT DAYS

- *For all members with an admission, total days in hospital*
- *ServiceToDt – ServiceFromDt = Length of Stay*
- *Sum Lengths of Stay for all members = Inpatient Days*
- *Alternative: use CoveredDays (Institutional table)*
- *Details*
  - *In and out on same day → days = 1*
  - *Parts of >1 mo. → include days in reported month*

AUTO-CALCULATED FIELDS

- *Length of Stay = total days/ total admissions*
- *Total = in network + out of network*
- *% in network =*

  *(all events/ in-network events)*100*
- *Per Thousand = (events/enrollees)*1000*

ACE Monthly Care Coordination Report

ENROLLED		Health Risk Screenings		Risk Stratifications Completed						Comprehensive Assessments		Enrollee Care Plans Completed	
Month	First of the Month Enrollment	# Completed	%	High		Medium		Low		# Completed	%	# Completed	%
				Month	%	Month	%	Month	%				
Oct-14	30000	20000	67%	6000	20%	6000	20%	8000	27%	2000	7%	1000	3%
Nov-14	35000	25000	71%	7000	20%	8000	23%	10000	29%	5000	14%	2000	6%
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Jun-16													

Auto-calculates

CARE COORDINATION REPORT

- *Data comes mostly from plans*
- *Prescriptive on how to fill out template*
- *Flexibility to innovate on how these processes are completed*

- *Report is familiar to some plans*
- *Some changes have been made*

FIRST OF THE MONTH ENROLLMENT

- *Same as the Utilization Report*
- *This field should match other report*

  Care Coordination Report enrollees =

  Utilization Report enrollees =

  Monthly Payment Enrollment Roster number
- *Same for ACEs and for CCEs*

HEALTH RISK SCREENING

- ***ACEs:*** *Must do on* ***all enrollees*** *within 90 days*
  - *Exceptions: If the comprehensive assessment is done within 90 days, no need for health risk screening.*
- *CCEs: Must complete on* ***all enrollees*** *within 30 days*
- *Both: May be done by non-clinical staff via mail or phone*

RISK STRATIFICATION

- *Two essential components to risk stratification*
  - *Health Risk Screenings*
  - *Claims data (2-year look back)*
- *Room to innovate in using claims data*
  - *Harder to give advice about details of methods*
  - *A plan must use its own method consistently*
- *Three levels: High, Medium, Low*
  - *Fixed Names in template*

COMPREHENSIVE ASSESSMENT (AKA "HEALTH RISK ASSESSMENT")

- *ACEs: Must complete on **all enrollees** within 120 days*
- *CCEs: Must complete on **all enrollees** within 60 days*
- *Must use staff with clinical qualifications*
  - *MD/DO, NP/APN, PA, RN/BSN, MSW/LCSW*
  - *Does not have to be done by physician*
- *For high- and medium-risk members:*
  - *Standard is for assessment by a nurse*
- *For low-risk members:*
  - *May use social worker*
  - *Can conduct the assessment over the phone or online*

COMPREHENSIVE ASSESSMENT (CONTINUED)

- ***ACEs only:*** *If members are current patients with a comprehensive assessment on file, a 120-day look-back from the ACE enrollment date also meets this requirement*
- ***Both:*** *Opportunity for preventative care education for all members*
- *Contracts:*
  - *ACE: Section 5.7.4*
  - *CCE: Section 5.6.7.3*

CARE PLANS

- *ACEs: Must be done for **all medium and high-risk enrollees** within 120 days*
- *CCEs: Must be done for **all** enrollees within 90 days*
- *Should be done at the time of the Comprehensive Assessment*
- *Considered complete if ≥1 care goal has been identified in writing by care coordination team*
  - *May be medical, psychosocial, etc.*
  - *Hickam's Dictum Redux*
  - *Fluid, living document*

UPCOMING TRAININGS

- *Annual Report webinar (for CCEs)*
- *Sharepoint training (for ACEs)*
- *Claims Data (for both)*

- *Other questions?*
  - *Contact Project Managers*
  - *Copy email to* ***HFS.ACE.CCE@illinois.gov***